

2000 South Carolina Behavioral Risk Factor Surveillance System Questionnaire
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HELLO, I'm _____ calling for the South Carolina Department of Health and Environmental Control and the Centers for Disease Control and Prevention. We're gathering information on the health practices of South Carolina residents to guide state health policies. Your phone number has been chosen randomly, and we'd like to ask some questions about day-to-day living habits that may affect health.

Is this _____ ?

No Thank you very much, but I seem to have dialed the wrong number, It's possible that your number may be called at a later time. **Stop**

Is this a private residence?

No Thank you very much, but we are only interviewing private residences. **Stop**

We need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. **Go to page 3**

If "no" May I speak with him or her? **Go to "correct respondent" at bottom of page**

How many of these adults are men and how many are women?

Who is the oldest man who presently lives in this household?
Who is the next oldest man who presently lives in this household?
Etc.

Who is the oldest woman who presently lives in this household?
Who is the next oldest woman who presently lives in this household?
Etc.

The person in your household that I need to speak with is _____.

If "you," go to page 3

To correct respondent HELLO, I'm _____ calling for the South Carolina Department of Health and Environmental Control and the Centers for Disease Control and Prevention. We're gathering information on the health practices of South Carolina residents to guide state health policies. You have been chosen randomly to be interviewed, and we'd like to ask some questions about day-to-day living habits that may affect health.

We do not ask for your name, address, or other personal information that identifies you. The phone number is erased once we finish all interviews at the end of the year. There are no risks or benefits to you being in this survey. Taking part is up to you. You don't have to answer any question you don't want to, and you are free to end the interview at any time. The interview takes 15 to 20 minutes. All information you give us will be confidential. If you have any questions about this survey, I will provide a toll free telephone number for you to call to get more information.

Section 1: Health Status

1.1. Would you say that in general your health is: (66)

Please Read

- a. Excellent 1
- b. Very good 2
- c. Good 3
- d. Fair 4
- or**
- e. Poor 5

**Do not
read these
responses**

- Don't know/Not Sure 7
- Refused 9

1.2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (67-68)

- a. Number of days
- b. None 8 8
- Don't know/Not sure 7 7
- Refused 9 9

1.3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (69-70)

a. Number of days

b. None **If Q1.2 also "None," go to Q2.1** 8 8

Don't know/Not sure 7 7

Refused 9 9

1.4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (71-72)

a. Number of days

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

Section 2: Health Care Access

- 2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (73)
- a. Yes 1
 - b. No **Go to Q2.3a** 2
 - Don't know/Not sure **Go to Q2.6** 7
 - Refused **Go to Q2.6** 9
- 2.2. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare? (74)
- a. Yes **Go to Q2.6** 1
 - b. No 2
 - Don't know/not sure 7
 - Refused 9

2.3. What type of health care coverage do you use to pay for most of your medical care? (75-76)

Is it coverage through: Coverage Code — —

Please Read

- a. Your employer **Go to Q2.4** 0 1
- b. Someone else's employer **Go to Q2.4** 0 2
- c. A plan that you or someone else buys on
your own **Go to Q2.4** 0 3
- d. Medicare **Go to Q2.6)** 0 4
- e. Medicaid or Medical Assistance [or substitute
state program name] **Go to Q2.4** 0 5
- f. The military, CHAMPUS, TriCare, or the VA
[or CHAMP-VA] **Go to Q2.4** 0 6
- g. The Indian Health Service [or the Alaska
Native Health Service] **Go to Q2.4**
or 0 7
- h. Some other source **Go to Q2.4** 0 8
- None **Go to Q2.5** 8 8
- Don't know/Not sure **Go to Q2.4** 7 7
- Refused **Go to Q2.4** 9 9

**Do not
read these
responses**

- 2.3a. There are some types of coverage you may not have considered. Please tell me if you have any of the following: (77-78)

Coverage through: Coverage Code — —

Please Read

If more than one, ask "Which type do you use to pay for most of your medical care?"

- | | |
|--|-----|
| a. Your employer | 0 1 |
| b. Someone else's employer | 0 2 |
| c. A plan that you or someone else buys on your own | 0 3 |
| d. Medicare Go to Q2.6 | 0 4 |
| e. Medicaid or Medical Assistance [or substitute state program name] | 0 5 |
| f. The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA] | 0 6 |
| g. The Indian Health Service [or the Alaska Native Health Service]
or | 0 7 |
| h. Some other source | 0 8 |
| None Go to Q2.5 | 8 8 |
| Don't know/Not sure Go to Q2.6 | 7 7 |
| Refused Go to Q2.6 | 9 9 |

Do not read these responses

- 2.4. During the past 12 months, was there any time that you did not have any health insurance or coverage? (79)
- a. Yes **Go to Q2.6** 1
 - b. No **Go to Q2.6** 2
 - Don't know/Not sure **Go to Q2.6** 7
 - Refused **Go to Q2.6** 9
- 2.5. About how long has it been since you had health care coverage? (80)
- Read Only if Necessary**
- a. Within the past 6 months (1 to 6 months ago) 1
 - b. Within the past year (6 to 12 months ago) 2
 - c. Within the past 2 years (1 to 2 years ago) 3
 - d. Within the past 5 years (2 to 5 years ago) 4
 - e. 5 or more years ago 5
 - Don't know/Not sure 7
 - Never 8
 - Refused 9
- 2.6. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (81)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

2.7. About how long has it been since you last visited a doctor for a routine checkup? (82)

Read Only if Necessary

A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition	a. Within the past year (1 to 12 months ago)	1
	b. Within the past 2 years (1 to 2 years ago)	2
	c. Within the past 5 years (2 to 5 years ago)	3
	d. 5 or more years ago	4
	Don't know/Not sure	7
	Never	8
	Refused	9

State-Added Module 1: Health Care Access

SC1_1. About how long has it been since you last visited a doctor for a health condition such as an illness or injury?

[Read: If necessary] (400)

a. Within the past year (1 to 12 months ago).	1
b. Within the past 2 years (1 to 2 years ago).	2
c. Within the past 3 years (2 to 5 years ago).	3
d. 5 or more years ago	4
e. Never	8
Don't know/Not sure	7
Refused	9

Section 3: Asthma

3.1	Did a doctor ever tell you that you had asthma?	(83)
	a. Yes	1
	b. No Go to Q4.1	2
	Don't know/Not sure Go to Q4.1	7
	Refused Go to Q4.1	9
3.2	Do you still have asthma?	(84)
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9

Section 4: Diabetes

4.1. Have you ever been told by a doctor that you have diabetes? (85)

If "Yes" and
female, ask
"Was this
only when
you were
pregnant?"

- a. Yes 1
- b. Yes, but female told only during pregnancy 2
- c. No 3
- Don't know/Not sure 7
- Refused 9

Module 1: Diabetes

1. How old were you when you were told you have diabetes? (202-203)

Code age in years [97 = 97 and older]

- Don't know/Not sure 9 8
- Refused 9 9

2. Are you now taking insulin? (204)

- a. Yes 1
- b. No 2
- Refused 9

3. Are you now taking diabetes pills? (205)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

(206-208)

a. Times per day	1
b. Times per week	2
c. Times per month	3
d. Times per year	4
e. Never	8 8 8
Don't know/Not sure	7 7 7
Refused	9 9 9

5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (209-211)

a. Times per day	1
b. Times per week	2
c. Times per month	3
d. Times per year	4
e. Never	8 8 8
f. No feet	5 5 5
Don't know/Not sure	7 7 7
Refused	9 9 9

6. Have you had any sores or irritations on your feet that took more than four weeks to heal? (212)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (213-214)

a. Number of times	
b. None	8 8
Don't know/Not sure	7 7
Refused	9 9

8. A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"? (215-216)

- a. Number of times [76 = 76 or more]
- b. None 8 8
- C. Never heard of hemoglobin "A one C" test 9 8
- Don't know/Not sure 7 7
- Refused 9 9

If "no feet" to Q5, go to Q10

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (217-218)

- a. Number of times
- b. None 8 8
- Don't know/Not sure 7 7
- Refused 9 9

10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (219)

Read Only if Necessary

- a. Within the past month (0 to 1 month ago) 1
- b. Within the past year (1 to 12 months ago) 2
- c. Within the past 2 years (1 to 2 years ago) 3
- d. 2 or more years ago 4
- e. Never 8
- Don't know/Not sure 7
- Refused 9

11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (220)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

12. Have you ever taken a course or class in how to manage your diabetes yourself? (221)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

Section 5: Care Giving

5.1. There are situations where people provide regular care or assistance to a family member or friend who is elderly or has a long-term illness or disability. During the past month, did you provide any such care or assistance to a family member or friend who is 60 years of age or older? (86)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't Know/Not Sure | 7 |
| Refused | 9 |

5.2. Who would you call to arrange short or long-term care in the home for an elderly relative or friend who was no longer able to care for themselves?

(87-88)

Read Only if Necessary

- | | |
|------------------------------|-----|
| a. Relative or friend | 0 1 |
| b. Would provide care myself | 0 2 |
| c. Nursing home | 0 3 |
| d. Home health service | 0 4 |
| e. Personal physician | 0 5 |
| f. Area Agency on Aging | 0 6 |
| g. Hospice | 0 7 |
| h. Hospital nurse | 0 8 |
| i. Minister/priest/rabbi | 0 9 |
| j. Other | 1 0 |
| k. Don't know who to call | 1 1 |
| Refused | 9 9 |

Section 6: Exercise

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

6.1. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (89)

a. Yes 1

b. No **Go to Q7.1** 2

Don't know/Not sure **Go to Q7.1** 7

Refused **Go to Q7.1** 9

6.2. What type of physical activity or exercise did you spend the most time doing during the past month? (90-91)

Activity [specify]: _____
See coding list A

Refused **Go to Q6.6** 9 9

Ask Q6.3 only if answer to Q6.2 is running, jogging, walking, or swimming. All others, go to Q6.4.

6.3. How far did you usually walk/run/jog/swim? (92-94)

See coding Miles and tenths --.

list B if Don't know/Not sure 7 7 7

response is Refused 9 9 9

not in miles
and tenths

6.4. How many times per week or per month did you take part in this activity during the past month?

(95-97)

- | | |
|---------------------|-------|
| a. Times per week | 1 |
| b. Times per month | 2 |
| Don't know/Not sure | 7 7 7 |
| Refused | 9 9 9 |

6.5. And when you took part in this activity, for how many minutes or hours did you usually keep at it?
(98-100)

- | | |
|---------------------|-------|
| Hours and minutes | __: |
| Don't know/Not sure | 7 7 7 |
| Refused | 9 9 9 |

6.6. Was there another physical activity or exercise that you participated in during the last month?
(101)

- | | |
|---------------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q7.1 | 2 |
| Don't know/Not sure Go to Q7.1 | 7 |
| Refused Go to Q7.1 | 9 |

6.7. What other type of physical activity gave you the next most exercise during the past month?
(102-103)

Activity **[specify]**: _____
See coding list A

- | | |
|---------------------------|-----|
| Refused Go to Q7.1 | 9 9 |
|---------------------------|-----|

Ask Q6.8 only if answer to Q6.7 is running, jogging, walking, or swimming. All others go to Q6.9.

6.8.	How far did you usually walk/run/jog/swim?	(104-106)
See coding list B if response is not in miles and tenths	Miles and tenths	--.
	Don't know/Not sure	7 7 7
	Refused	9 9 9
6.9.	How many times per week or per month did you take part in this activity?	(107-109)
	a. Times per week	1
	b. Times per month	2
	Don't know/Not sure	7 7 7
	Refused	9 9 9
6.10.	And when you took part in this activity, for how many minutes or hours did you usually keep at it? (110-112)	
	Hours and minutes	-.:
	Don't know/Not sure	7 7 7
	Refused	9 9 9

Section 7: Tobacco Use

7.1. Have you smoked at least 100 cigarettes in your entire life? (113)

**5 packs
= 100
cigarettes**

- a. Yes 1
- b. No **Go to Q8.1** 2
- Don't know/Not sure **Go to Q8.1** 7
- Refused **Go to Q8.1** 9

7.2. Do you now smoke cigarettes everyday, some days, or not at all? (114)

- a. Everyday 1
- b. Some days **Go to Q7.3a** 2
- c. Not at all **Go to Q7.5** 3
- Refused **Go to Q8.1** 9

7.3. On the average, about how many cigarettes a day do you now smoke? (115-116)

**1 pack = 20
cigarettes**

- Number of cigarettes [**76 = 76 or more**]
Go to Q7.4
- Don't know/Not sure **Go to Q7.4** 7 7
- Refused **Go to Q7.4** 9 9

7.3a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? (117-118)

**1 pack = 20
cigarettes**

- Number of cigarettes [**76 = 76 or more**]
Go to Q8.1
- Don't know/Not sure **Go to Q8.1** 7 7
- Refused **Go to Q8.1** 9 9

7.4.	During the past 12 months, have you quit smoking for 1 day or longer?	(119)
	a. Yes Go to Q8.1	1
	b. No Go to Q8.1	2
	Don't know/Not sure Go to Q8.1	7
	Refused Go to Q8.1	9
7.5.	About how long has it been since you last smoked cigarettes regularly, that is, daily?	(120-121)
	Time code	— —
	Read Only if Necessary	
	a. Within the past month (0 to 1 month ago)	0 1
	b. Within the past 3 months (1 to 3 months ago)	0 2
	c. Within the past 6 months (3 to 6 months ago)	0 3
	d. Within the past year (6 to 12 months ago)	0 4
	e. Within the past 5 years (1 to 5 years ago)	0 5
	f. Within the past 15 years (5 to 15 years ago)	0 6
	g. 15 or more years ago	0 7
	Don't know/Not sure	7 7
	Never smoked regularly	8 8
	Refused	9 9

Section 8: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

- | | | |
|------|--|-----------|
| 8.1. | How often do you drink fruit juices such as orange, grapefruit, or tomato? | (122-124) |
| | a. Per day | 1 |
| | b. Per week | 2 |
| | c. Per month | 3 |
| | d. Per year | 4 |
| | e. Never | 5 5 5 |
| | Don't know/Not sure | 7 7 7 |
| | Refused | 9 9 9 |
| 8.2. | Not counting juice, how often do you eat fruit? | (125-127) |
| | a. Per day | 1 |
| | b. Per week | 2 |
| | c. Per month | 3 |
| | d. Per year | 4 |
| | e. Never | 5 5 5 |
| | Don't know/Not sure | 7 7 7 |
| | Refused | 9 9 9 |

8.3.	How often do you eat green salad?	(128-130)
	a. Per day	1
	b. Per week	2
	c. Per month	3
	d. Per year	4
	e. Never	5 5 5
	Don't know/Not sure	7 7 7
	Refused	9 9 9
8.4.	How often do you eat potatoes not including french fries, fried potatoes, or potato chips? (131-133)	
	a. Per day	1
	b. Per week	2
	c. Per month	3
	d. Per year	4
	e. Never	5 5 5
	Don't know/Not sure	7 7 7
	Refused	9 9 9
8.5.	How often do you eat carrots?	(134-136)
	a. Per day	1
	b. Per week	2
	c. Per month	3
	d. Per year	4
	e. Never	5 5 5
	Don't know/Not sure	7 7 7

Refused

9 9 9

8.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?
(137-139)

Example:
A serving of
vegetables at
both lunch
and dinner
would be two
servings

- | | |
|---------------------|-------|
| a. Per day | 1 |
| b. Per week | 2 |
| c. Per month | 3 |
| d. Per year | 4 |
| e. Never | 5 5 5 |
| Don't know/Not sure | 7 7 7 |
| Refused | 9 9 9 |

Section 9: Weight Control

9.1.	Are you now trying to lose weight?	(140)
a.	Yes Go to Q. 9.3	1
b.	No	2
	Don't know/Not sure	7
	Refused	9
9.2.	Are you now trying to maintain your current weight, that is to keep from gaining weight? (141)	
a.	Yes	1
b.	No Go to Q. 9.5	2
	Don't know/Not sure Go to Q. 9.5	
	Refused Go to Q. 9.5	9
9.3.	Are you eating either fewer calories or less fat to...	
	lose weight? [if "Yes" on Q. 9.1]	
	keep from gaining weight? [if "Yes" on Q. 9.2]	(142)
Probe for which	a. Yes, fewer calories	1
	b. Yes, less fat	2
	c. Yes, fewer calories and less fat	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

9.4. Are you using physical activity or exercise to...

lose weight? [if "Yes" on Q. 9.1]

keep from gaining weight? [if "Yes" on Q. 9.2] (143)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

9.5. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight? (144)

**Probe
for
which**

a. Yes, lose weight 1

b. Yes, gain weight 2

c. Yes, maintain current weight 3

d. No 4

Don't know/Not sure 7

Refused 9

Section 10: Demographics

10.1. What is your age? (145-146)

Code age in years

Don't know/Not sure 0 7

Refused 0 9

10.2. What is your race? (147)

Would you say: **Please Read**

a. White 1

b. Black 2

c. Asian, Pacific Islander 3

d. American Indian, Alaska Native 4

or

e. Other: **[specify]**_____ 5

Do not read these responses Don't know/Not sure 7

Refused 9

10.3. Are you of Spanish or Hispanic origin? (148)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

10.4. Are you: (149)

Please Read

- a. Married 1
- b. Divorced 2
- c. Widowed 3
- d. Separated 4
- e. Never been married 5
- or**
- f. A member of an unmarried couple 6
- Refused 9

10.5. How many children live in your household who are...

Please Read

Code 1-9
7 = 7 or more
8 = None
9 = Refused

- a. less than 5 years old? _ (150)
- b. 5 through 12 years old? _ (151)
- c. 13 through 17 years old? _ (152)

10.6. What is the highest grade or year of school you completed?

(153)

Read Only if Necessary

- a. Never attended school or only attended kindergarten 1
- b. Grades 1 through 8 (Elementary) 2
- c. Grades 9 through 11 (Some high school) 3
- d. Grade 12 or GED (High school graduate) 4
- e. College 1 year to 3 years (Some college or technical school) 5
- f. College 4 years or more (College graduate) 6
- Refused 9

10.7. Are you currently: (154)

Please Read

- | | |
|-------------------------------------|---|
| a. Employed for wages | 1 |
| b. Self-employed | 2 |
| c. Out of work for more than 1 year | 3 |
| d. Out of work for less than 1 year | 4 |
| e. Homemaker | 5 |
| f. Student | 6 |
| g. Retired | 7 |
| or | |
| h. Unable to work | 8 |
| Refused | 9 |

10.8. Is your annual household income from all sources: (155-156)

Read as Appropriate

**If res-
pondent
refuses
at any
income
level,
code
refused**

- | | |
|---|-----|
| a. Less than \$25,000 If "no," ask e; if "yes," ask b
(\$20,000 to less than \$25,000) | 0 4 |
| b. Less than \$20,000 If "no," code a; if "yes," ask c
(\$15,000 to less than \$20,000) | 0 3 |
| c. Less than \$15,000 If "no," code b; if "yes," ask d
(\$10,000 to less than \$15,000) | 0 2 |
| d. Less than \$10,000 If "no," code c | 0 1 |
| e. Less than \$35,000 If "no," ask f
(\$25,000 to less than \$35,000) | 0 5 |
| f. Less than \$50,000 If "no," ask g
(\$35,000 to less than \$50,000) | 0 6 |
| g. Less than \$75,000 If "no," code h
(\$50,000 to \$75,000) | 0 7 |
| h. \$75,000 or more | 0 8 |

Do not read these responses	Don't know/Not sure	7 7
	Refused	9 9
10.9.	Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?	(157)
	a. Yes	1
	b. No Go to Q10.12	2
	Don't know/Not sure Go to Q10.12	7
	Refused Go to Q10.12	9
10.10.	Which of the following best describes your current military status?	(158)
	Are you: Please Read	
	a. Currently on active duty Go to Q10.12	1
	b. Currently in reserves Go to Q10.12	2
	c. No longer in military service	3
Do not read these responses	Don't know/Not sure Go to Q10.12	7
	Refused Go to Q10.12	9
10.11.	In the last 12 months have you received some or all of your health care from VA facilities?	(159)
Probe for which	a. Yes, all of my health care	1
	b. Yes, some of my health care	2
	c. No, no VA health care received	3
	Don't know/not sure	7
	Refused	9
10.12.	About how much do you weigh without shoes?	(160-162)

Round fractions up	Weight	pounds
	Don't know/Not sure	7 7 7
	Refused	9 9 9
10.13.	How much would you like to weigh?	(163-165)
	Weight	pounds
	Don't know/Not sure	7 7 7
	Refused	9 9 9
10.14.	About how tall are you without shoes?	(166-168)
Round fractions down	Height	<u> </u> / ft/inches
	Don't know/Not sure	7 7 7
	Refused	9 9 9
10.15.	What county do you live in?	(169-171)
	FIPS county code	
	Don't know/not sure	7 7 7
	Refused	9 9 9
10.16.	Do you have more than one telephone number in your household?	(172)
	a. Yes	1
	b. No Go to Q10.18	2
	Refused Go to Q10.18	9

10.17. How many residential telephone numbers do you have? (173)

Exclude dedicated fax and computer lines Total telephone numbers [**8 = 8 or more**]

Refused 9

10.18. Indicate sex of respondent. **Ask Only if Necessary** (174)

Male **Go to Section 12: HIV/AIDS** 1

Female 2

Section 11: Women's Health

11.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (175)

a. Yes 1

b. No **Go to Q11.4** 2

Don't know/Not sure **Go to Q11.4** 7

Refused **Go to Q11.4** 9

11.2. How long has it been since you had your last mammogram? (176)

Read only if Necessary

a. Within the past year (1 to 12 months ago) 1

b. Within the past 2 years (1 to 2 years ago) 2

c. Within the past 3 years (2 to 3 years ago) 3

d. Within the past 5 years (3 to 5 years ago) 4

e. 5 or more years ago 5

Don't know/Not sure 7

Refused 9

- 11.3. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (177)
- a. Routine checkup 1
 - b. Breast problem other than cancer 2
 - c. Had breast cancer 3
 - Don't know/Not sure 7
 - Refused 9
- 11.4. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (178)
- a. Yes 1
 - b. No **Go to Q11.7** 2
 - Don't know/Not sure **Go to Q11.7** 7
 - Refused **Go to Q11.7** 9
- 11.5. How long has it been since your last breast exam? (179)
- Read Only if Necessary**
- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 3 years (2 to 3 years ago) 3
 - d. Within the past 5 years (3 to 5 years ago) 4
 - e. 5 or more years ago 5
 - Don't know/Not sure 7
 - Refused 9

- 11.6. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (180)
- a. Routine Checkup 1
 - b. Breast problem other than cancer 2
 - c. Had breast cancer 3
 - Don't know/Not sure 7
 - Refused 9
- 11.7. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (181)
- a. Yes 1
 - b. No **Go to Q11.10** 2
 - Don't know/Not sure **Go to Q11.10**
 - Refused **Go to Q11.10** 9
- 11.8. How long has it been since you had your last Pap smear? (182)
- Read Only if Necessary**
- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 3 years (2 to 3 years ago) 3
 - d. Within the past 5 years (3 to 5 years ago) 4
 - e. 5 or more years ago 5
 - Don't know/Not sure 7
 - Refused 9

11.9. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (183)

- a. Routine exam 1
- b. Check current or previous problem 2
- Other 3
- Don't know/Not sure 7
- Refused 9

11.10. Have you had a hysterectomy? (184)

A hysterectomy is an operation to remove the uterus (womb)

- a. Yes **Go to Section 12: HIV/AIDS** 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

If respondent 45 years old or older, go to Section 12: HIV/AIDS

11.11 To your knowledge, are you now pregnant? (185)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

Section 12: HIV/AIDS

If respondent is 65 years old or older, go to Closing Statement.

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

- 12.1. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS? (186-187)

**Code 01
through 12**

- | | |
|---------------------|-----|
| a. Grade | |
| b. Kindergarten | 5 5 |
| c. Never | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

- 12.2. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (188)

- | | |
|-------------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Would give other advice | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

12.3. What are your chances of getting infected with HIV, the virus that causes AIDS? (189)

Would you say: **Please Read**

a. High 1

b. Medium 2

c. Low 3

or

d. None 4

Not applicable **Go to Q12.7a** 5

Don't know/Not sure 7

Refused 9

**Do not
read these
responses**

12.4. Have you donated blood since March 1985? (190)

a. Yes 1

b. No **Go to Q12.6a** 2

Don't know/Not sure **Go to Q12.6a** 7

Refused **Go to Q12.6a** 9

12.5. Have you donated blood in the past 12 months? (191)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

12.6. Except for tests you may have had as part of blood donations, have you ever been tested for HIV?

(192)

**Include
saliva
tests**

- a. Yes **Go to Q12.7** 1
- b. No **Go to Next Module** 2

Don't know/Not sure **Go to Next Module**

Refused **Go to Next Module** 9

12.6a. Have you ever been tested for HIV? (193)

**Include
saliva
tests**

- a. Yes **Go to Q12.7a** 1
- b. No **Go to Next Module** 2

Don't know/Not sure **Go to Next Module** 7

Refused **Go to Next Module** 9

12.7. Not including your blood donations, have you been tested for HIV in the past 12 months?
(194)

**Include
saliva
tests**

- a. Yes **Go to Q12.8** 1
- b. No **Go to Next Module** 2

Don't know/Not sure **Go to Next Module** 7

Refused **Go to Next Module** 9

12.7a. Have you been tested for HIV in the past 12 months? (195)

**Include
saliva
tests**

- a. Yes 1
- b. No **Go to Next Module** 2

Don't know/Not sure **Go to Next Module** 7

Refused **Go to Next Module** 9

12.8. What was the main reason you had your last test for HIV?

(196-197)

Reason code

Read Only if Necessary

a. For hospitalization or surgical procedure	0 1
b. To apply for health insurance	0 2
c. To apply for life insurance	0 3
d. For employment	0 4
e. To apply for a marriage license	0 5
f. For military induction or military service	0 6
g. For immigration	0 7
h. Just to find out if you were infected	0 8
I. Because of referral by a doctor	0 9
j. Because of pregnancy	1 0
k. Referred by your sex partner	1 1
l. Because it was part of a blood donation process	
Go to Next Module	1 2
m. For routine check-up	1 3
n. Because of occupational exposure	1 4
o. Because of illness	1 5
p. Because I am at risk for HIV	1 6
q. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

12.9. Where did you have your last test for HIV? (198-199)

Facility Code

Read Only if Necessary

a. Private doctor, HMO	0 1
b. Blood bank, plasma center, Red Cross	0 2
c. Health department	0 3
d. AIDS clinic, counseling, testing site	0 4
e. Hospital, emergency room, outpatient clinic	0 5
f. Family planning clinic	0 6
g. Prenatal clinic, obstetrician's office	0 7
h. Tuberculosis clinic	0 8
I. STD clinic	0 9
j. Community health clinic	1 0
k. Clinic run by employer	1 1
l. Insurance company clinic	1 2
m. Other public clinic	1 3
n. Drug treatment facility	1 4
o. Military induction or military service site	1 5
p. Immigration site	1 6
q. At home, home visit by nurse or health worker	1 7
r. At home using self-sampling kit	1 8
s. In jail or prison	1 9
t. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

- 12.10. Did you receive the results of your last test? (200)
- a. Yes 1
 - b. No **Go to Next Module** 2
 - Don't know/Not sure **Go to Next Module** 7
 - Refused **Go to Next Module** 9
- 12.11. Did you receive counseling or talk with a health care professional about the results of your test? (201)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

Transition to Modules and/or State-added Questions

Finally, I have just a few questions left about some other health topics.

Module 10: Immunization

MOD10_1. During the past 12 months, have you had a flu shot?	(279)
a. Yes	1
b. No Go to MOD 10_2	2
Don't know/Not sure Go to MOD 10_2	7
Refused Go to MOD 10_2	9

State-Added Module 2: Immunization

SC2_1. Where did you receive the flu shot?	(401-402)
a. Doctor's office	01
b. Public Health clinic	02
c. Hospital	03
d. Drug store	04
e. Mail	05
f. Health fair	06
g. Other	07
Don't know/Not Sure	77
Refused	99

MOD10_2. Have you ever had a pneumonia vaccination?	(280)
a. Yes	1
b. No Go to Next Module	2
Don't know/Not sure Go to Next Module	7
Refused Go to Next Module	9

SC2-2. Where did you receive the pneumonia vaccination?	(403-404)
a. Doctor's office	01
b. Public Health clinic	02
c. Hospital	03
d. Drug store	04
e. Mail	05
f. Health fair	06
g. Other	07
Don't know/Not Sure	77
Refused	99

State-Added Module 3: Cardiovascular Disease

SC3_1. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

- | | |
|--|-------|
| | (405) |
| a. Yes | 1 |
| b. No Go to SC3_4 | 2 |
| Don't know/Not sure Go to SC3_4 | 7 |
| Refused Go to SC3_4 | 9 |

SC3_2. Are you currently on therapy such as diet, exercises or taking medication to control your high blood pressure?

- | | |
|--------------------------|-------|
| | (406) |
| a. Yes | 1 |
| b. No Go to SC3_4 | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

SC3_3. Is your doctor or nurse, who takes care of your high blood pressure, satisfied with your level of blood pressure control?

- | | |
|---|-------|
| [Please Read] | (407) |
| a. Yes | 1 |
| b. No | 2 |
| c. No, because I do not have a provider | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

SC 3_4. Have you ever been told by a doctor, nurse or other health provider that your blood cholesterol is

high?

a. Yes	(408) 1
b. No	2
Don't know/Not sure	7
Refused	9

Module 13: Cardiovascular Disease

MOD13_1. To lower your risk of developing heart disease or stroke, has a doctor advised you to...

Please Read	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>	
a. Eat fewer high fat or high cholesterol foods	1	2	7	9	(295)
b. Exercise more	1	2	7	9	(296)

MOD13_2. To lower your risk of developing heart disease or stroke, are you?

Please Read	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>	
a. Eating fewer high fat or high cholesterol foods?	1	2	7	9	(297)
b. Exercising more?	1	2	7	9	(298)

MOD13_3. Has a doctor ever told you that you had any of the following?

Please Read	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>	
a. Heart attack or myocardial infarction	1	2	7	9	(299)
b. Angina or coronary heart disease	1	2	7	9	(300)
c. Stroke	1	2	7	9	(301)

If respondent 35 years old or older continue with MOD13_4. Otherwise, go to next module.

MOD13_4. Do you take aspirin daily or every other day? (302)

- a. Yes **Go to MOD13_6** 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

MOD13_5. Do you have a health problem or condition that makes taking aspirin unsafe for you? (303)

- If yes, ask a. Yes, not stomach related **Go to MOD13_7** 1**
- "Is this a stomach condition?"**
- b. Yes, stomach problems **Go to MOD13_7** 2
 - c. No **Go to MOD13_7** 3
 - Don't know/Not sure **Go to MOD13_7** 7
 - Refused **Go to MOD13_7** 9
- Code upset stomachs as stomach problems**

MOD13_6. Why do you take aspirin?

Please Read		<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>Ref</u>
a. To relieve pain	1	2	7	9	(304)
b. To reduce the chance of a heart attack	1	2	7	9	(305)
c. To reduce the chance of a stroke	1	2	7	9	(306)

If respondent is male or is pregnant ("Yes" to core Q11.11), go to next module.

The next few questions are about menopause, or what some women refer to as the "change of life."

If respondent had hysterectomy ("Yes" to core Q11.10) or if respondent is age 65 or older, go to

MOD13_8.

MOD13_7. Have you gone through or are you now going through menopause? (307)

- | | | |
|--------------------------------|--|---|
| Probe
for
which | a. Yes, have gone through menopause | 1 |
| | b. Yes, now going through menopause | 2 |
| | c. No Go to Next Module | 3 |
| | Don't know/Not sure Go to Next Module | 7 |
| | Refused Go to Next Module | 9 |

MOD13_8. Estrogens such as Premarin and progestins such as Provera are female hormones that may be prescribed around the time of menopause, after menopause, or after a hysterectomy. Has your doctor discussed the benefits and risks of estrogen with you? (308)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

MOD13_9. Other than birth control pills, has your doctor ever prescribed estrogen pills for you? (309)

- | | | |
|--|--|---|
| Do not
include
estrogen
patches | a. Yes | 1 |
| | b. No Go to Next Module | 2 |
| | Don't know/Not sure Go to Next Module | 7 |
| | Refused Go to Next Module | 9 |

MOD13_10. Are you currently taking estrogen pills? (310)

- | | | |
|---------------------------|--------|---|
| Do not
include | a. Yes | 1 |
|---------------------------|--------|---|

estrogen
patches

b No 2

Don't know/Not sure **Go to Next Module** 7

Refused **Go to Next Module** 9

MOD13_11. Why...

are you taking...[if "Yes" to MOD13_10]

did you take...[if "No" to MOD13_10]

...estrogen pills?

Please Read	Never					Ref
	<u>Yes</u>	<u>No</u>	<u>Dk/Ns</u>	<u>took</u>		
a. To prevent a heart attack	1	2	7	8	9	(311)
b. To treat or prevent bone thinning, bone loss, or osteoporosis	1	2	7	8	9	(312)
c. To treat symptoms of menopause such as hot flashes	1	2	7	8	9	(313)

State-Added Module 4: Quality of Life and Care Giving

SC4_1. The next two questions are about your social support needs and life satisfaction. How often do you get the social and emotional support that you need? Would you say.....

	[Please Read]	(409)
	a. Always	1
	b. Usually	2
	c. Sometimes	3
	d. Rarely	4
	or	
	e. Never	5
Do not read these responses	Don't know/Not sure	7
	Refused	9

SC4_2. In general, how satisfied are you with your life? Would you say.....

	[Please Read]	(410)
	a. Very satisfied	1
	b. Satisfied	2
	c. Dissatisfied	3
	or	
	d. Very dissatisfied	4
Do not read these responses	Don't know/Not sure	7
	Refused	9

SC4_3. The next questions are about limitations you may have in your daily life.
Are you limited in the kind or amount of work you can do because of any impairment or health problem?
(411)

a.	Yes	1
b.	No	2
	Don't know/Not sure	7
	Refused	9

SC4_4. Because of any impairment or health problem, do you have any trouble learning, remembering or concentrating?

(412)

a.	Yes	1
b.	No	Go to SC4_6 2
	Don't know/Not sure	Go to SC4_6 7
	Refused	Go to SC4_6 9

SC4_5. What is the most important reason you have trouble learning, or remembering, or concentrating?	(412-413)
a. Stroke	01
b. Head injury	02
c. Depression, anxiety, or emotional problems	03
d. Learning disability	04
e. Slow learner	05
f. Hearing problem	06
g. Too old	07
h. Too many other things going on/too busy	08
i. Other impairment or problem	09
j. Other _____ (specify)	10
Don't know/Not sure	77
Refused	99

SC4_6. If you use any special equipment or help from others to get around, what type do you use?

Code up to three responses		(414-415)
a.	No special equipment or help used Go to SC4_8	01
b.	other people	02
c.	Cane or walking stick	03
d.	Walker	04
e.	Crutch or crutches	05
f.	Manual wheel chair	06
g.	Motorized wheelchair	07
h.	Electric mobility scooter	08
i.	Artificial leg	09
j.	Brace	10
k.	Service animal (i.e., guide dog or other animal)	11
l.	oxygen/special breathing equipment	12
m.	Other: _____ (specify)	13
	Don't know/ Not sure	77
	Refused	99

SC4_7. Using special equipment or help, what is the farthest distance you can go?

	[Please Read]	(416)
a.	Across a small room	1
b.	About the length of a typical house	2
c.	About one or two city blocks	3
d.	About one mile	4
e.	More than one mile	5
	Don't know/Not sure	7
	Refused	9

**Do not
read these
responses**

SC4_8. What is the farthest you can walk by yourself, without any special equipment or help from others?

	[Please Read]	(417)
a.	Not any distance	1
b.	Across a small room	2
c.	About the length of a typical house	3
d.	About one or two city blocks	4
e.	About one mile	5
f.	More than one mile	6
	Don't know/Not sure	7
	Refused	9

**Do not
read these
responses**

Module 15: Quality of Life and Care Giving

These next questions are about physical, mental, or emotional problems or limitations you may have in your daily life.

MOD15_1. Are you limited in any way in any activities because of any impairment or health problem? (321)

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to MOD15_6 | 2 |
| Don't know/Not sure Go to MOD15_6 | 7 |
| Refused Go to MOD15_6 | 9 |

MOD15_2. What is the major impairment or health problem that limits your activities? (322-323)

Reason Code

Read Only if Necessary

- | | |
|-------------------------------------|-----|
| a. Arthritis/rheumatism | 0 1 |
| b. Back or neck problem | 0 2 |
| c. Fractures, bone/joint injury | 0 3 |
| d. Walking problem | 0 4 |
| e. Lung/breathing problem | 0 5 |
| f. Hearing problem | 0 6 |
| g. Eye/vision problem | 0 7 |
| h. Heart problem | 0 8 |
| i. Stroke problem | 0 9 |
| j. Hypertension/high blood pressure | 1 0 |
| k. Diabetes | 1 1 |
| l. Cancer | 1 2 |

m. Depression/anxiety/emotional problem	1 3
n. Other impairment/problem	1 4
Don't know/Not sure	7 7
Refused	9 9

SC4_9. Is this impairment or health problem the result of a work-related illness or injury?
(418)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

MOD15_3. For how long have your activities been limited because of your major impairment or health problem? (324-326)

a. Days	1
b. Weeks	2
c. Months	3
d. Years	4
Don't know/Not Sure	7 7 7
Refused	9 9 9

MOD15_4. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (327)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

MOD15_5. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (328)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

MOD15_6. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? (329-330)

a. Number of days

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

MOD15_7. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (331-332)

a. Number of days

b. None $\overline{8} \overline{8}$

Don't know/Not sure 7 7

Refused 9 9

MOD15_8. During the past 30 days, for about how many days have you felt worried, tense, or anxious? (333-334)

a. Number of days

b. None $\overline{8} \overline{8}$

Don't know/Not sure 7 7

Refused 9 9

MOD15_9. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (335-336)

a. Number of days

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

MOD15_10. During the past 30 days, for about how many days have you felt very healthy and full of energy? (337-338)

- | | |
|---------------------|-----|
| a. Number of days | |
| b. None | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

If number of adults equals 1 and core 10.5a, 10.5b, and 10.5c are all “none”, go to MOD 15_11.

SC 4_10. Is there anyone [insert “else” if “yes” to SC4_3, or SC4_4, Q1 or b-m to SC4_6]in else in your household who is LIMITED in any way in any activities because of impairment or health problem?

(419)

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to MOD 15_11 | 2 |
| Don't know/ Not sure Go to MOD 15_11 | 7 |
| Refused Go to MOD 15_11 | 9 |

SC4_11A-SC4_11E. How old are these people? {Repeat SC4_11 for each person identified}

(420-429)

Specify age in years:

- a. Person 1 _____
- b. Person 2 _____
- c. Person 3 _____
- d. Person 4 _____
- e. Person 5 _____
- f. 97 or older

Don't know/ Not sure 98

Refused 99

If "yes" to MOD15_4, continue. Otherwise, go to MOD15_13.

MOD15_11. Earlier you reported that due to your impairment you need some assistance from another person with your PERSONAL CARE needs. Who usually helps you with your personal care needs, such as eating, bathing, dressing, or getting around the house? (339-340)

Read Only if Necessary

If a relative that is paid, code as appropriate	a. Husband/wife/partner	0 1
	b. Parent/son/son-in-law/daughter/daughter-in-law	0 2
	c. Other relative	0 3
	d. Unpaid volunteer	0 4
	e. Paid employee or home health service	0 5
	f. Friend or neighbor	0 6
	g. Combination of family and/or friends	0 7
	h. Other	0 8
	i. No one helps me Go to MOD15_13	0 9
	Don't Know/Not Sure	7 7
	Refused	9 9

MOD15_12. Is the assistance you receive to meet your personal care needs: (341)

Please Read

Do not read these responses	a. Usually adequate	1
	b. Sometimes adequate	2
	or	
	c. Rarely adequate	3
	Don't know/Not sure	7
	Refused	9

If "yes" to MOD15_5, continue. Otherwise, go to Next Module

MOD15_13. Earlier you reported that due to your impairment you need some assistance from another person with your ROUTINE needs. Who usually helps you with handling your routine needs, such as everyday household chores, shopping, or getting around for other purposes? (342-343)

Read Only if Necessary

If a relative that is paid, code as appropriate	a. Husband/wife/partner	0 1
	b. Parent/son/son-in-law/daughter/daughter-in-law	0 2
	c. Other relative	0 3
	d. Unpaid volunteer	0 4
	e. Paid employee or home health service	0 5
	f. Friend or neighbor	0 6
	g. Combination of family and/or friends	0 7
	h. Other	0 8
	i. No one helps me	0 9
	Go to Next Module	
	Don't Know/Not Sure	7 7
	Refused	9 9

MOD15_14. Is the assistance you receive to meet your routine needs: (344)

Please Read

Do not read these responses	a. Usually adequate	1
	b. Sometimes adequate	2
	or	
	c. Rarely adequate	3
	Don't know/Not sure	7
	Refused	9

{IF DISPOSITION = “UNABLE TO INTERVIEW”}

SC4_12. What is the most important reason for the person not being able to complete the interview?

[READ IF NECESSARY; IF PERSON HAS MULTIPLE DISABILITIES, PICK THE MOST SIGNIFICANT REASON]

(430-431)

Physical impairment:

a.	Hearing	01
b.	Speech	02
c.	Mobility	03
d.	Other physical impairment	04

Mental Impairment:

e.	Trouble with understanding	05
f.	Trouble with memory	06
g.	Slow learner	07
h.	Other communication impairment	08
i.	Other mental impairment	09
	Don't know	77
	Refused	99

{IF DISPOSITION = “UNABLE TO INTERVIEW”}

SC4_13 Person who reported impairment for “unable to interview” disposition

(432)

- | | | |
|----|--|---|
| a. | Proxy [Example: Relative tells you] | 1 |
| b. | Respondent declaration | 2 |
| c. | Interviewer’s perception | 3 |
| | Don’t know | 7 |
| | Refused | 9 |

{IF DISPOSITION = “UNABLE TO INTERVIEW”}

SC4_14. The South Carolina Department of Health and Environmental Control (DHEC) would like to perform a special follow-up study regarding disabilities and access to health care. May we release your phone number to DHEC? Please be assured that we will not release your phone number without your permission.

(433)

- | | | |
|----|------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don’t know | 7 |
| | Refused | 9 |

Module 14: Arthritis

1. During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint? (315)
- | | |
|-------------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q4 | 2 |
| Don't know/Not sure Go to Q4 | 7 |
| Refused Go to Q4 | 9 |
2. Were these symptoms present on most days for at least one month? (316)
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |
3. Are you now limited in any way in any activities because of joint symptoms? (317)
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

4.	Have you ever been told by a doctor that you have arthritis?	(318)
	a. Yes	1
	b. No Go to Next Module	2
	Don't know/Not sure Go to Next Module	7
	Refused Go to Next Module	9
5.	What type of arthritis did the doctor say you have?	(319-320)
	Type Code	
	Read Only if Necessary	
	a. Osteoarthritis/degenerative arthritis	0 1
	b. Rheumatism	0 2
	c. Rheumatoid Arthritis	0 3
	d. Lyme disease	0 4
	e. Other [specify] _____	0 7
	f. Never saw a doctor	8 8
	Don't know/Not sure	7 7
	Refused	9 9
6.	Are you currently being treated by a doctor for arthritis?	(321)
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9

Module 18: Tobacco Use Prevention

MOD18_1. In the past 30 days has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home? (360)

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

If "Employed," or "Self-employed" to core Q10.7 continue. Otherwise, go to MOD18_5.

MOD18_2. While working at your job, are you indoors most of the time? (361)

- | | | |
|----|--|---|
| a. | Yes | 1 |
| b. | No Go to MOD18_5 | 2 |
| | Don't know/Not sure Go to MOD18_5 | 7 |
| | Refused Go to MOD18_5 | 9 |

MOD18_3. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? (362)

Please Read

- | | | | |
|---|----|---------------------------------|---|
| For workers who visit clients, "place of work" means their base location | a. | Not allowed in any public areas | 1 |
| | b. | Allowed in some public areas | 2 |
| | c. | Allowed in all public areas | 3 |
| | d. | No official policy | 4 |
| | | Don't know/Not sure | 7 |
| Do not read these responses | | Refused | 9 |

MOD18_4. Which of the following best describes your place of work's official smoking policy for work areas? (363)

Please Read

For workers who visit clients, "place of work" means their base location	a.	Not allowed in any work areas	1
	b.	Allowed in some work areas, or	2
	c.	Allowed in all work areas	3
	d.	No official policy	4
Do not read these responses		Don't know/Not sure	7
		Refused	9

MOD18_5. In the following locations, do you think that smoking should be allowed in all areas, some areas, or not allowed at all?

Please Read	<u>All Areas</u>	<u>Some Areas</u>	<u>Not Allowed</u>	<u>Dk/Ns</u>	<u>Ref</u>	
a. Restaurants	1	2	3	7	9	(364)
b. Schools	1	2	3	7	9	(365)
c. Day care centers	1	2	3	7	9	(366)
d. Indoor work areas	1	2	3	7	9	(367)

If "No" to core Q7.1 or "Not at all" to core Q7.2, go to Next Module

MOD18_6. Has a doctor or other health professional ever advised you to quit smoking? (368)

- If yes, ask "About how long ago was it?"**
- | | |
|--|---|
| a. Yes, within the past 12 months (1 to 12 months ago) | 1 |
| b. Yes, within the past 3 years (1 to 3 years ago) | 2 |
| c. Yes, 3 or more years ago | 3 |
| d. No | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

State-Added Module 5: Tobacco Use Prevention

SC 5_1. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff?

- | | |
|-------------------------|-------|
| | (434) |
| a. Yes, chewing tobacco | 1 |
| b. Yes, snuff | 2 |
| c. Yes, both | 3 |
| d. No, neither | 4 |
| Don't know/Not Sure | 7 |
| Refused | 9 |

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

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